

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (847)

CERTIFICATE OF DEATH

Reg. Dist. No. 233

1. PLACE OF DEATH:

County Queens Anne
 City or town Stevensville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Home.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Stevensville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Percy Bailey

3. (b) Social Security Number

213-12-3248

4. Sex m 5. Color or race C 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Beaulieu Bailey

7. Birth date of deceased (mo., day, yr.) about 1911 6. (c) If alive, give age _____ years

8. AGE: Years 34 Months 11 Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Stevensville Md.
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business _____

12. Name Elliot Stevens

13. Birthplace Md.

14. Maiden name Alice Bailey

15. Birthplace Md.

16. Informant Florence Winters

Address Stevensville Md.

17. Burial Date thereof _____ (month) (day) (year)

Cemetery or crematory Cemetery

Location Stevensville Md.

18. Funeral director Levis Perry

Address Cambridge Md.

19. June 22 1946 Registrar Elizabetha Hostler

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 46 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 19 46 to June 17 19 46

and that I last saw him alive on June 15 19 46

Immediate cause of death Malnutrition

Due to _____

Due to _____

Other conditions Insane

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Charles E. Brown

Address Stevensville

Date signed 6/17/46

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JUN 26 1946
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

CERTIFICATE OF DEATH

16228

Reg. Dist. No. 252

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

85

7

16

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

June 19- 19 46

Elin Armetberg

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 19 19 46 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 41 to June 19 46

and that I last saw him alive on

May 16 19 46

Immediate cause of death

Severe fixed arterio-sclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Furt + Lederer M.D.

M. D. or other

Address

June 18 46

Date signed 6/18/46

STATE OF TENNESSEE

RECEIVED

RECEIVED

JUN 24 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832



06229

251

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Harford
City or town Bellevue
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
Home
How long in hospital or institution: None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Bellevue
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1
(If rural, give LOCATION)
2. (a) If veteran, name war: None

3. (a) FULL NAME

Margaret A. Boster

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

Joseph Boster

7. Birth date of deceased (mo., day, yr.) Dec 21, 1872 8. (c) If alive, give age 73 years

8. AGE: Years 73 Months 6 Days 9 If less than one day hrs. min.

9. Birthplace Bellevue, Harford Co., Md.
(Town, county and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name Joseph Boster

13. Birthplace Bellevue, Harford Co., Md.

14. Maiden name Josephine Boster

15. Birthplace Bellevue, Harford Co., Md.

16. Informant Edgar A. Boster

Address Bellevue, Harford Co., Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof July 3, 1946
(month) (day) (year)

Cemetery or crematory Sudlersville

Location Sudlersville and

18. Funeral director Edgar A. Boster

Address Church Hill Rd.

19. July 1946 Registrar Edgar A. Boster

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1946 at 10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1946 to July 3, 1946

and that I last saw him alive on July 3, 1946

Immediate cause of death Overdose of barbiturate DURATION 10

Due to Asphyxiation

Due to None

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of June 30, 1946

Where did injury occur? Home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Overdose of barbiturate Injured at work? None

23. SIGNATURE Edgar A. Boster M.D. or other Physician

Address Bellevue, Harford Co., Md. Date signed July 1, 1946

MARGIN RESERVED FOR BINDING

VS A15

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JUL 22 1946

BUREAU V.E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (403)

CERTIFICATE OF DEATH

Reg. Dist. No. 2570

1. PLACE OF DEATH: *Queen Anne*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....*Maryland*..... County.....*Queen Anne*.....
City or town.....*Centerville*.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION) ✓
2.(a) If veteran, name war.....

3. (a) FULL NAME *Bessie Chambers*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *Single*
6.(b) Name of husband or wife.....
7. Birth date of deceased (mo., day, yr.) *Apr 10 - 1866* 6.(c) If alive, give age.....years
8. AGE: Years *80* Months *2* Days *2* If less than one day.....hrs.min.

9. Birthplace.....*Preston - Caroline Co - Md*
(Town, county, and state)

10. Usual occupation.....*Dreammaker*

11. Industry or business

12. Name.....*William Thomas Chambers*
13. Birthplace.....*Centerville - Md*
14. Maiden name.....*Mary H. Conway*
15. Birthplace.....*Barlowe Co*

16. Informant.....*Harry Lee Chambers*
Address.....*Centerville, Md*

17. *Burial* Date thereof.....*June 15 - '46*
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory.....*Chesapeake*
Location.....*Centerville, Md*

18. Funeral director.....*Barton Bros*
Address.....*Centerville, Md*

19. *6-14-* *46* *Elie Armetrang*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*June 12 - 1946* at *10²⁰* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 1* to *6-12* 19*46*
and that I last saw him alive on *6-11* 19*46*

Immediate cause of death.....

Carcinoma of the liver

Due to.....

Due to.....*Arterio - Sclerosis*

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....*H. S. McPherson* M. D. or other

Address.....*Centerville* Date signed.....*6/14/46*

UNITED STATES DEPARTMENT OF HEALTH

TECHNICAL SERVICE

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JUN 24 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06231

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne
 City or town Marblehead
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Marblehead
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Jane Flower

3. (b) Social Security Number

4. Sex F 5. Color or race White 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife Dec'd

7. Birth date of deceased (mo., day, yr.) Jan. 17 - 1853 6.(c) If alive, give age _____ years

8. AGE: Years 92 Months 5 Days 15 It less than one day _____ hrs. _____ min.

9. Birthplace Marblehead, Queen Anne
 (Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name Asbury Carver

13. Birthplace Maryland

14. Maiden name Florence Carver

15. Birthplace Maryland

16. Informant Sallie Flower

Address Queen Anne, Md.

17. Buried Date thereof 6-12-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Park Mar. Starr

Location Queen Anne County

18. Funeral director Edgar L. Lane

Address Queen Anne, Md.

19. June 14, 46 Registrar Edgar L. Lane

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1946, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1946 to June 10 1946 and that I last saw him alive on June 10 1946

Immediate cause of death Sen. b. ty

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Edgley M.D.

Address Marblehead, Md. Date signed 6/11

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06232

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne
 City or town Centreville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 49 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION) None
 2. (a) If veteran, name war

3. (a) FULL NAME

Layton Harris

3. (b) Social Security Number

218-20-3434

4. Sex Male 5. Color or race Caucas 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mary Louise Harris
 6. (c) If alive, give age 43 years
 7. Birth date of deceased (mo., day, yr.) May 8 - 1896
 8. AGE: Years 50 Months 1 Days 10 It less than one day hrs. min.

9. Birthplace Centreville, Md.
 (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

12. Name Henry Harris
 13. Birthplace Do not know

14. Maiden name
 15. Birthplace

16. Informant Mary Louise Harris
 Address Bureau Centreville, Md.

17. Date thereof June 20, 46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Christa field
 Location Centreville, Md.

18. Funeral director Barton Bros.
 Address Centreville, Md.

19. 6-19-46 Elice Remelkous
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19....., to..... 19.....
 and that I last saw h..... alive on..... 19.....

Immediate cause of death No wax found back + from cutaneous and joints observed it was
Dr. Heart attack
 Due to.....
 Due to.....

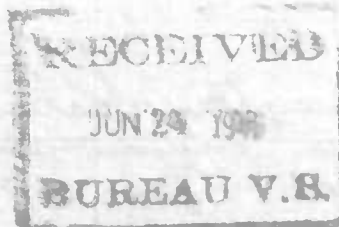
Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. Henry Frasier
Dr. Henry Frasier M. D. or other
 Address Centreville, Md. Date signed 6/19/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06233

CERTIFICATE OF DEATH

Reg. Dist. No. 2.52

1. PLACE OF DEATH:

County Queen AnneCity or town Southeaston
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen AnneCity or town Southeaston
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Sherman Kahn

3.(b) Social Security Number

4. Sex

M

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

Married

8.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Jan 6 - 1881

8.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

65426

hrs.

min.

9. Birthplace

P.A. Co

(Town, county, and state)

10. Usual occupation

Farm labor

11. Industry or business

FATHER

12. Name

Richard Kahn

13. Birthplace

P.A. Co

MOTHER

14. Maiden name

Annie Dunn

15. Birthplace

P.A. Co

16. Informant

Mildred Kahn

Address

Southeaston Md

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

June 6 - 46

Cemetery or crematory

Southeaston

Location

Southeaston, Md

18. Funeral director

Edna L Lane

Address

Church Hill Md

19. 6-6-

(Date rec'd by registrar)

19. 46

Eliee Armetrong

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 - 1946 to June 2 - 1946and that I last saw him alive on May 25 - 1946

Immediate cause of death

Chronic myocarditis

DURATION

Due to

Due to

Other conditions

Bronchial asthma

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address Centerville Md Date signed 6-6-46

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

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JUN 8 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne's
 City or town Grasonville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 78 mos.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne's
 City or town Grasonville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

TENNIE PATRICIA TURNER

3.(b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec 3-1944
 8. AGE: Years 1 Months 6 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Grasonville, Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Leon Turner

13. Birthplace Grasonville, Md.

14. Maiden name May Amy Lee

15. Birthplace Grasonville, Md.

16. Informant May Otto Gould

Address Grasonville, Md.

17. Burial Date thereof June 4, 1946
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Robinson's Chapel Cemetery

Location Grasonville, Md.

18. Funeral director John L. Williams

Address Easton, Md.

19. June 3 19 46 Reverend M. Redridge
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 46, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2 19 46 to June 2 19 46

and that I last saw him alive on June 3 19 46

Immediate cause of death Measles, Rubella, Encephalitis - Secondary

Due to to measles

Other conditions _____

Due to _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

DURATION

June 2, 1946
June 2, 1946

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William C. Lane, MD. M. D. or other _____

Address Queen Anne's, Md. Date signed June 3, 1946

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JUN 5 1946
BUREAU V.M.

ARTS & CRAFTS LEDGER

ARTS & CRAFTS CONTENT

James Cook

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne's County
 City or town Rural near Pothung
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Day
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

Henry Wayman

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 29 December 1889

8. AGE: Years 56 Months 5 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Hillsboro, Caroline, Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Wayman13. Birthplace Hillsboro, Md.14. Maiden name Alice Baker15. Birthplace Hillsboro, Md.16. Informant Georgia TinslowAddress Route #3, Denton, Md.

17. Burial Date thereof 6-6-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hillsboro CemeteryLocation Hillsboro, Maryland18. Funeral director J. Virgil HarrisonAddress Denton, Md.19. 6-5- 46 Elie Armstrong

(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____

and that I last saw h. _____ alive on _____ 19_____

Immediate cause of death _____ DURATION _____

He fell dead in fall whileboarding pass on a wagonDue to Evidently heart attack

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE W. Henry FisherAsst. or Phy. in ChargeAddress Intervale, Md. Date signed 6/5/46

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JUN 8 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 1-6236
 Reg. Dist. No. 251

1. PLACE OF DEATH

 County... *Queens Anne's*
 City or town... *Rural Millington*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Melvin Nursing Home
 How long in hospital or institution? *2 months*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State... *Md.* County... *Queens Anne's*
 City or town... *Queens Run*
 (If outside city or town limits, write RURAL and give nearest town)

 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Georgia Weber

3.(b) Social Security Number

*none*4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Widowed*6.(b) Name of husband or wife *George Weber*

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) *Oct 18 18 76*8. AGE: Years *69* Months *7* Days *21* If less than one day _____ hrs. _____ min.9. Birthplace *Baltimore Md.* (Town, county, and state)10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *George Fink*13. Birthplace *Md.*14. Maiden name *Edna Cook*15. Birthplace *Md.*16. Informant *Mrs. Ella Wagner*Address *Rock Hall Md.*17. Burial *Burial* Date thereof *June 11, 1946* (month) (day) (year)Cemetery or crematory *Cedar Hill*Location *Baltimore Md.*18. Funeral director *Edward Bellows*Address *Millington Md.*19. *June 8* 19 *46* *Edgar L. Lane* Registrar

Date rec'd by registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 8* 19 *46* at *7:15* P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 1* 19 *46* to *June 8* 19 *46*and that I last saw him alive on *June 8* 19 *46*Immediate cause of death *Heart failure**underlying disease*

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *E. P. Cogland* M. D. or otherAddress *Millington* Date signed *June 11, 1946*

RECEIVED

JUN 12 1945

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Frederick County
 City or town near Millington
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

1 1/2 yrs

3. (a) FULL NAME

Mary E. Wilson

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed
John P. Wilson

6. (b) Name of husband or wife 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 - 1857

8. AGE: 88 Years 7 Months 14 Days hrs. min.
 It less than one day

9. Birthplace (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Merritt13. Birthplace Frederick County14. Maiden name Rachel Bolden15. Birthplace Frederick County16. Informant Mrs. Hilda MerrittAddress Warwick Md.17. Burial Date thereof 6-14-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Bethel CemeteryLocation near Charles City18. Funeral director Edgar R. LaneAddress Townsend Dr.

19. June 13 46 Edgar R. Lane

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County DeelCity or town Warwick

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 46 19. 46 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9 19. 46 to June 11 19. 46and that I last saw her alive on June 10 46 19. 46Immediate cause of death thrombosis

DURATION

4 daysDue to arterio-sclerosis18 yrsDue to Chl. lobular nephritis

"

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. E. Lane

M. D. or other

Address Millington Ind. Date signed 6/12/46

RECEIVED

JUN 19 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County... Queen Anne

City or town... Pocomoke
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... QA

City or town... Pocomoke
(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) if veteran, name war:

3. (a) FULL NAME

Wanda Wittig

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (c) If single, married, widowed, or divorced married

8. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) about 1871

6. (c) If alive, give age years

8. AGE: Years 75 Months Days It less than one day

9. Birthplace... Pocomoke
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

12. Name... Pocomoke

13. Birthplace... Pocomoke

14. Maiden name:

15. Birthplace:

16. Informant:

Address

17. Burial, cremation, or removal. Which? Burial Date thereof June 30, 1946
(month) (day) (year)

Cemetery or crematory:

Location Baltimore Md.

18. Funeral director Hill & Heiber Inc.

Address 403 S. Wolfe St - Balto. Md.

19. 6-19-46 H. M. Aedridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946 at 8 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death: Acute Stenosis

DURATION 2 yrs

Due to:

Due to:

Other conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please notetioe the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Phoebe E. Dwyer

Address: Stevensville Date signed 6/19/46

R.

JUN 26 1946

BUREAU V S.